

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate should be detached for use as a burial transit permit.

VS AISC 15-5 10.W

**MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18****4934 CERTIFICATE OF DEATH**

04933

Reg. Dist. No. 51

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	Calvert Sunderland	MARYLAND LENGTH OF STAY (In this place)	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland STREET ADDRESS (If rural give location)
<b>3. NAME OF DECEASED</b> (Type or Print)		<b>4. DATE OF DEATH</b>	
S. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	(First) Rebecca (Middle) Emerson (Last) 5 4 19 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH March 1 1977
11. BIRTHPLACE (State or foreign country) Maryland		9. AGE last birthday 77 yrs.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME P		14. MOTHER'S MAIDEN NAME Sarah Boardley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Fala Wille, Sunderland Md.
<b>18. MEDICAL CERTIFICATION</b>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 450.0 IMMEDIATE CAUSE (A) Gastroenteritis		INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Eye			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE Home, farm, factory, OF INJURY street, office bldg., etc.	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at play <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1956 May 19 56
22. I hereby certify that I attended the deceased from <u>Jan</u> , 1956, to <u>May</u> , 1956, that I last saw the deceased alive on <u>May</u> , 1956, and that death occurred at <u>9 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>Howard</u> ADDRESS (Street, city, town, state) <u>1011 Mt. Hope</u> DATE SIGNED <u>5/13/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 5-7-56		DATE THEREOF 5-7-56	NAME OF CEMETERY OR CREMATORIAL Mt. Hope
24. REC'D BY REGISTRAR DATE 5-7-56		REGISTRAR'S SIGNATURE H. W. Ward	25. FUNERAL DIRECTOR'S SIGNATURE P. E. Sewell Prince Frederick
		ADDRESS Sunderland Md.	

U.S. DEPARTMENT OF HEALTH-EDUCATION-WEALTH

STATE DEPARTMENT OF DEATH

100-100-100

REPORT OF DEATH

BUREAU Y. S.

MAY 8 1956

RECEIVED

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. After this certificate has been executed by the attending physician or attending physician, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 4935 CERTIFICATE OF DEATH

04934

Reg. Dist. No. 52

<b>1. PLACE OF DEATH</b> COUNTY <i>Calvert</i> MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Owings</i> LENGTH OF STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>00</i>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b> STATE <i>Md</i> COUNTY <i>St. L</i> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>St. L</i> STREET ADDRESS <i>928-2</i>			
<b>3. NAME OF DECEASED</b> (Type or Print) <i>Paul Jason Foster</i>				<b>4. DATE OF DEATH</b> <i>5 26 56</i>			
5. SEX <i>M</i>	6. COLOR OF RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Sept 25 1938</i>	9. AGE last birthday yrs. <i>17</i>	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Marpus</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Father</i>	11. BIRTHPLACE (State or foreign country) <i>West Va</i>		12. CITIZEN OF WHAT COUNTRY? <i>Beessie Lephew</i>		
13. FATHER'S NAME <i>Paul Raymond Foster</i>		14. MOTHER'S MAIDEN NAME <i>Beessie Lephew</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>0</i>		16. SOCIAL SECURITY NO. <i>234-56-5699</i>		17. INFORMANT & ADDRESS <i>Joseph Carl Lothian Md.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>—</i>	
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b> <i>825x</i> IMMEDIATE CAUSE (A) <i>Fracturing clav.</i> ANTECEDENT CAUSE(S) DUE TO <i>Fractured shoul.</i> DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO <i>Broky left arm</i> STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>Auto accident</i>				<b>18. MEDICAL CERTIFICATION</b> <i>—</i>			
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) <i>0</i>		21b. PLACE (Home, farm, factory, OR INJURY street, office bldg., etc.) <i>100</i>		21c. WHERE DID INJURY OCCUR? (City or town) <i>Owings</i>		(County) <i>Calvert</i> (State) <i>Md</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>5/26/56 8 P M.</i>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <i>Home</i>		21f. HOW DID INJURY OCCUR? <i>fall</i>			
<b>22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....M, from the causes and on the date stated above.</b> <b>SIGNATURE</b> <i>H. Ward</i> <b>DATE SIGNED</b> <i>5/26/56</i> <b>ADDRESS</b> (Street, city, town, state) <i>100</i> <b>(State)</b> <i>Md</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>5/30/56</i>		NAME OF CEMETERY OR CREMATORIAL <i>Lebecon Cemetery</i>		LOCATION (City, town, or county) <i>West Va.</i> <b>(State)</b> <i>Md</i>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <i>5/27/56</i>		<i>Joseph L. Hutchins</i>		<i>W. H. Hutchins - Owings, Md</i>			

STATE OF TEXAS - DEPARTMENT OF STATE - BUREAU OF ELECTIONS

THE ELECTIONS OF DEATH

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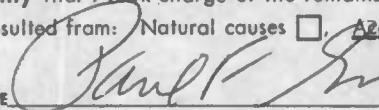
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, using the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(5)  
5M 9/55

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**  
**4936 MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

04935  
Reg. Dist. No. 51

1. PLACE OF DEATH a. COUNTY <b>Calvert</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. STATE <b>Maryland</b>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Prince Frederick</b>		c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Baltimore</b>					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <b>County Hosp.</b>		d. STREET ADDRESS <b>1155 Carey Street</b>					
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print)	First <b>John</b>	Middle <b>Thomas</b>	Last <b>Gross</b>				
4. DATE OF DEATH	Month <b>May</b>	Day <b>13</b>	Year <b>1956</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>3 July 26</b>				
9. AGE (In years last birthday <b>29</b> yrs.)	10. IF UNDER 1 YEAR Months <b>0</b>	11. IF UNDER 24 HRS. Days <b>0</b>	12. IF UNDER 24 HRS. Hours <b>0</b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13. FATHER'S NAME <b>John C Gross</b>	14. MOTHER'S MAIDEN NAME <b>Waisley Gross</b>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>824X</b>					
16. SOCIAL SECURITY NO. <b>218-24-0446</b>		17. INFORMANT <b>Sarah Tyler</b>	Address <b>St-Léonard Md</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Craniocerebral Injury</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first. (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Fell from fender of moving car</b>					
20c. TIME OF INJURY Hour <b>8:30P</b> p. m.		Month, Day, Year <b>5/13 1956</b>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <b>Street</b>	20f. (City or town) <b>Calvert</b>	(County) <b>Md.</b>	(State)
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>							
ACTUAL SIGNATURE 		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED <b>5/14/56</b>			
22a. BURIAL/CREMATION, REMOVAL (Specify) <b>5-16-56</b>		22b. DATE THEREOF <b>5-16-56</b>		22c. NAME OF CEMETERY OR CREMATORIAL <b>Brooks</b>		22d. LOCATION (City, town, or county) <b>Island Creek</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>P.T. Sevell Prince Frederick</b>		ADDRESS <b>ADDRESS</b>		24a. REC'D BY REGISTRAR <b>H. W. Ward</b>		24b. REGISTRAR'S SIGNATURE <b>H. W. Ward</b>	

OF PROHIBITION-TEA TO FEDERAL BUREAU OF INVESTIGATION

Benefit	Benefit	Benefit
Exhibit	Exhibit	Exhibit
75 years	75 years	75 years
100	100	100
100	100	100

36

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BUREAU A. S.

17 MAY 1972

6.00 miles N. East

RECEIVED  
MAY 12 1968

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4937

## CERTIFICATE OF DEATH

04936

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE	
<i>CAIVERT</i> <i>Prince Georges</i>		c. LENGTH OF STAY IN 1b <i>MARYLAND</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>North Beach</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>North Beach</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>511 Erie St.</i>		d. STREET ADDRESS <i>511 Erie St.</i>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First	Middle
<i>MARGARET TERESA KELLY</i>			
4. DATE OF DEATH		Month	Day
		<i>MAY</i>	<i>15</i>
5. SEX		6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>
<i>F</i>		<i>W</i>	<i>9-22-1883</i>
8. DATE OF BIRTH		9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months Days Hours Min.
		<i>72 yrs.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10b. KIND OF BUSINESS OR INDUSTRY	
		11. BIRTHPLACE (State or foreign country) <i>ALEXANDRIA, VA</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<i>GEORGE Washington Hyde</i>		<i>EMMA MARCHE</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
		17. INFORMANT	
		<i>CATHERINE Kelly, Shadyside, Md.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH	
<i>PROFOUND ANEMIA</i>			
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.			
(b) <i>ADENOCARCINOMA OF</i>		<i>8 years</i>	
DUE TO (c) <i>CERVIX WITH METASTASIS GENERAL</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>June</i> , 19 <i>48</i> , to <i>May 15</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>May 10</i> , 19 <i>56</i> , and that death occurred at <i>10:15 PM</i> , from the causes and on the date stated above. ACTUAL SIGNATURE <i>Dayton O'Watkins</i> M.D. <i>5304 Annapolis Road 5-1526</i> PHYSICIAN'S NAME (Type) <i>DAYTON O'WATKINS</i> <i>Bladensburg md</i>		ADDRESS (Street, city or town, state) DATE SIGNED	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>18 May 1956</i>	
22c. NAME OF CEMETERY OR CREMATORIAL <i>Bethel Cemetery</i>		22d. LOCATION (City, town, or county) <i>ALEXANDRIA, VA.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Mattingly Funeral Home - WASH. D.C.</i>		24a. REC'D BY REGISTRAR <i>131-112351</i>	
		24b. REGISTRAR'S SIGNATURE <i>Elvin M. Cox</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. It may be referred by the hospital or attending physician.  
TO FUNERAL DIRECTOR: This certificate has been signed by the attending physician and completely filled in by the funeral director. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V.

MAY 22 1956

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4  
 may be signed by the hospital or attending physician.  
 TO FUNERAL DIRECTOR: If this certificate has been signed by the attending physician and completely filled in by the funeral director,  
 page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with  
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4938

## CERTIFICATE OF DEATH

049371

Reg. Dist. No. 2453

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Bayland</i>		b. COUNTY <i>Calvert</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Brunswick</i>		c. LENGTH OF STAY IN 1b <i>2 1/2 days</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Plum Point</i>		d. STREET ADDRESS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Calvert County Hospital</i>						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First <i>Randolph</i>	Middle <i>A.</i>	Last <i>Mills</i>	4. DATE OF DEATH	Month <i>May</i>	Day <i>22</i>	Year <i>1956</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. AGE (In years lost birthday) <i>55 yrs.</i>	10. IF UNDER 1 YEAR Months <i>5</i>	11. IF UNDER 24 HRS. Days <i>5</i>	12. IF UNDER 24 HRS. Hours <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Ernest T. Mills</i>		14. MOTHER'S MAIDEN NAME <i>Anne Collins</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Elizabeth Mills - Plum Point Md.</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>420.1</i> <span style="margin-left: 100px;">Coronary occlusion</span> <span style="float: right;">INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i></span>							
DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.  (b)  DUE TO  (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour o. m. p. m.		Month <i>May</i>	Day <i>19</i>	Year <i>1956</i>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Plum Point</i>	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <i>5/18</i> , 1956, to <i>5/22</i> , 1956, that I last saw the deceased alive on <i>5/22</i> , 1956, and that death occurred at <i>7:15 A.M.</i> from the causes and on the date stated above.							
ADDRESS (Street, city or town, state) <i>Huntingtown, Md.</i> DATE SIGNED							
ACTUAL SIGNATURE <i>George J. Weems</i>							
PHYSICIAN'S NAME (Type) <i>George J. Weems</i> <i>Huntingtown, Md.</i>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>May 24-56</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>Woodlawn Cemetery</i>		22d. LOCATION (City, town, or county) <i>Washington, D.C.</i> (State)	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Summers Bros 1601-9d Hope Rd SE</i>		ADDRESS <i>Washington, D.C.</i>		24a. REC'D BY REGISTRAR <i>May 22-56</i>		24b. REGISTRAR'S SIGNATURE <i>Edward F. Ollie</i>	

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

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BUREAU V. S.  
RECEIVED  
MAY 28 1956

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

## **MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

4939

# **CERTIFICATE OF DEATH**

04938

**Reg. Dist. No.**

1. PLACE OF DEATH COUNTY <i>Calvert</i> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Edwings</i>		2. USUAL RESIDENCE (HOME) OF DECEASED MARYLAND LENGTH OF STAY (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STATE <i>Md</i> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Tolhaim</i> 02X-2	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH <i>5 26 56</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Aug 9 1937</i>
9. AGE last birthday yrs. <i>18</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Journalist</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Elmer Pidgeley</i>	
14. MOTHER'S MAIDEN NAME <i>Majorie Ridgely</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk) <i>unk</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <i>Elmer Ridgely Tolhaim</i>	
18. MEDICAL CERTIFICATION <i>Having pain and swelling at legs</i>			
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>825X IMMEDIATE CAUSE</i>			
20. ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) <i>Ante accident</i>			
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Ante accident</i>			
22a. DATE OF OPERATION		22b. MAJOR FINDINGS OF OPERATION	
23a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		23b. PLACE (Home, farm, factory, OR INJURY <i>in the office building, etc.</i> ) <i>Edwings</i>	
24a. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>5/26/56 8 P.M.</i>		24b. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/> at work <i>Ante accident</i>	
25. HOW DID INJURY OCCUR? <i>Ante accident</i>			
26. I hereby certify that I attended the deceased from ..... 19 ..... to ..... 19 ..... , that I last saw the deceased alive on ..... 19 ..... and that death occurred at ..... M, from the causes and on the date stated above. SIGNATURE <i>H. Ward D. M. D.</i>			
27. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		28. DATE THEREOF <i>5/29/56</i>	
29. REGISTRAR'S SIGNATURE <i>Grace L. Hutchins</i>		30. NAME OF CEMETERY OR CREMATORIUM <i>Calvert Cemetery</i>	
31. REC'D BY REGISTRAR DATE <i>5/28/56</i>		32. LOCATION (City, town, or county) (State) <i>Calvert Md.</i>	
33. FUNERAL DIRECTOR'S SIGNATURE <i>H. F. Hutchins</i>		34. ADDRESS <i>Edwings Md.</i>	

WILSON COUNTY, STATE OF KANSAS - VALUATION

WILSON COUNTY, KANSAS  
CENSUS OF 1950

1950 CENSUS

WILSON COUNTY, KANSAS

NAME

WILSON COUNTY

WILSON COUNTY

WILSON COUNTY, KANSAS

BUREAU U. S.

JUN 4 1950

RECEIVED

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-5 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4940

## CERTIFICATE OF DEATH

04939

Reg. Dist. No. 52

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>Calvert</i>	MARYLAND	STATE <i>Md.</i>	COUNTY <i>Calvert</i>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Huntington</i>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Owings</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Calvert Co. Hospital</i>		STREET ADDRESS <i>(If rural give location)</i>	
3. NAME OF DECEASED (Type or Print) <i>Henry Francis Stevens</i>		4. DATE OF DEATH 5 25 1956	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i></i>	8. DATE OF BIRTH <i>Sept. 18 - 1881</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Painer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i></i>	9. AGE last birthday 74 yrs.
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Francis Stevens</i>		14. MOTHER'S MAIDEN NAME <i>Josephine Sunderland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i></i>		16. SOCIAL SECURITY NO. <i></i>	
17. INFORMANT & ADDRESS <i>Wife - Margaret Owings had</i>		18. MEDICAL CERTIFICATION <i>Cerebral accident</i>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  <i>331X IMMEDIATE CAUSE (A) Cerebral accident</i>			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) <i>Alcoholism</i> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) <i></i>		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>5/24</i> , 1956, to <i>5/25</i> , 1956, that I last saw the deceased alive on <i>5/24</i> , 1956, and that death occurred at <i>1:05 A.M.</i> from the causes and on the date stated above.			
SIGNATURE <i>Greene</i>		ADDRESS (Street, city, town, state) <i>Huntington Md.</i>	
DATE SIGNED <i>5/25/56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>5/27/56</i>	
NAME OF CEMETERY OR CREMATORIAL <i>Mt Harmony</i>		LOCATION (City, town, or county) <i>Mt Harmony Md</i>	
24. REC'D BY REGISTRAR <i>Grace L. Hutchins</i>		REGISTRAR'S SIGNATURE <i>Grace L. Hutchins</i>	
DATE <i>5/26/56</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W.H. Hutchins</i>	
ADDRESS <i>Chesapeake</i>			



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: This certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-trust permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4941

## CERTIFICATE OF DEATH

04940  
51

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i>		b. COUNTY <i>Calvert</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		c. LENGTH OF STAY IN 1b <i>2 days.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>St. Leonard.</i>		d. STREET ADDRESS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Calvert County Hospital</i>						e. IS RESIDENCE ON A FARM? / YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First <i>Mary</i>	Middle <i>Farmer</i>	Last <i>Stratton</i>	4. DATE OF DEATH <i>May</i>	Month <i>May</i>	Day <i>22</i>	Year <i>1956</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH <i>Dec. 21</i>	9. AGE (In years lost birthday) <i>49 yrs.</i>	10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS. Days <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John Farmer</i>		14. MOTHER'S M AIDEN NAME <i>Frances Mills</i>		Address			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>817-07-7570</i>		17. INFORMANT <i>Joseph Stratton - St. Leonard</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>331X</i>		DUE TO <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. <i>— Hypertension and</i>		DUE TO (b) (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from alive on <i>July 22, 1956</i>		1956, to <i>July 22, 1956</i>		that I last saw the deceased M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) <i>St. Leonard, Md.</i>		DATE SIGNED <i>July 22, 1956</i>	
ACTUAL SIGNATURE <i>R. W. Willard</i>		M.D.					
PHYSICIAN'S NAME (Type)							
22c. BURIAL/CREMATION, REMOVAL (Specify) <i>5-27-56</i>		22b. DATE THEREOF <i>5-27-56</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>White Hall</i>		22d. LOCATION (City, town, or county) <i>Burley</i> (State) <i>md</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>P. E. Sawell, Prince Fred.</i>		ADDRESS		24a. REC'D BY REGISTRAR DATE <i>5-24-56</i>		24b. REGISTRAR'S SIGNATURE <i>H. W. Ward</i>	

STATE DEPARTMENT OF HEALTH - ASSISTANT 18

CERTIFICATE OF DEATH

NAME

15-5218

515-5218

BUREAU U.S.

MAY 25 1956

RECEIVED

15-5218 (Continued)